



**Constituency served: All ages and all social economic status groups within the 2<sup>nd</sup> District of Los Angeles County are invited. Special emphasis on the obese woman and others, who will be able to spread the word on these top one and third or fourth cause of death in the USA.**

How will your attendance or donation to this event benefit the LACCW?

**This educational program is highly recommended by the Commission for each Supervisorial District and will fulfill one of our objectives to provide appropriate education information in our communities.**

Have you participated in this event before representing the LACCW?

No ( ☐ ), this is the first time.

Yes ( ☐ ), I have attended prior to this one. Year(s): \_\_\_\_\_

Have this organization received donation fund from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

First Occasion: \_\_\_\_\_

Second Occasion: \_\_\_\_\_

*Please send this form to:*

**Los Angeles County Commission for Women  
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012  
PH: 213-974-1455  
FAX: 213-633-5102  
E-mail: rrangel@bos.lacounty.gov**

***For CW Office Only:***

\_\_\_\_\_ Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Date of Review \_\_\_\_\_ Reviewed By \_\_\_\_\_

(Yes ☐ ) (No ☐ )

Place on Agenda \_\_\_\_\_

Reason for not placing on agenda \_\_\_\_\_

\_\_\_\_\_ (Yes ☐ ) (No ☐ ) (Yes ☐ ) (No ☐ ) \_\_\_\_\_  
Date of CW Board Meeting Action Taken Notification Sent Amount Approved

Reason for Rejection \_\_\_\_\_  
Approved 9/13/10